

**VOLUNTEER AGREEMENT FOR**☐ **APPROPRIATED FUND ACTIVITIES**☐ **NONAPPROPRIATED FUND INSTRUMENTALITIES****PRIVACY ACT STATEMENT****AUTHORITY:** Section 1588 of Title 10, U.S. Code, and E.O. 9397.**PRINCIPAL PURPOSE(S):** To document voluntary services provided by an individual, including the hours of service performed, and to obtain agreement from the volunteer on the conditions for accepting the performance of voluntary service.**ROUTINE USE(S):** None.**DISCLOSURE:** Voluntary; however failure to complete the form may result in an inability to accept voluntary services or an inability to document the type of voluntary services and hours performed.**PART I - GENERAL INFORMATION**

1. TYPED NAME OF VOLUNTEER (Last, First, Middle Initial)		2. SSN	3. DATE OF BIRTH (YYYYMMDD)
4. INSTALLATION		5. ORGANIZATION/UNIT WHERE SERVICE OCCURS	
6. PROGRAM WHERE SERVICE OCCURS		7. ANTICIPATED DAYS OF WEEK	8. ANTICIPATED HOURS
9. DESCRIPTION OF VOLUNTEER SERVICES			

**PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES**

10. CERTIFICATION I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.		
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
11.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

**PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES**

12. CERTIFICATION I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.		
a. SIGNATURE OF VOLUNTEER		b. DATE SIGNED (YYYYMMDD)
13.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

**PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR**

14. AMOUNT OF VOLUNTEER TIME DONATED				15. SIGNATURE		16. TERMINATION DATE (YYYYMMDD)	
a. YEARS (2,087 hours = 1 year)	b. WEEKS	c. DAYS	d. HOURS				
17.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)				b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)	

For use of this form, see AR 608-1; the proponent agency is OACSIM

I, \_\_\_\_\_ ☐ parent ☐ guardian, give my permission for

*(name of child)*, to volunteer at

(name of agency/activity) on

(date or days of week) from (time).

I understand that these hours and services are being performed as a volunteer and that the above named volunteer is not, solely because of these services, an employee of the United States Government or any instrumentality thereof *(except for certain purposes relating to tort claims and workman's compensation coverage about incidents occurring during the performance of approved volunteer service)*. The above named volunteer shall receive no present or future salary, wages, or related benefits as payment for these volunteer services. Tax deductions cannot be claimed for any expense reimbursed.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

NATURE OF PARENT/GUARDIAN

DATE (YYYYMMDD)

# Volunteer Daily Time Record

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

RCS: RCPR-062

## Instructions:

- \* Each volunteer will record service hours contributed to the Family Readiness Program and to Army Family Team Building (AFTB) if applicable. Include round trip travel time from home to the unit, and any other travel needed to be accomplished. Before the end of each quarter (December 31, March 31, June 30, and September 30), record both total hours of work and travel time on your USARC Form 106-R, Volunteer Service Record in your official volunteer file. (Total number of volunteers and hours are compiled without use of any names or other personal information.)
- \* Upon resignation, retirement, or transfer, furnish a duplicate of this record for the personal file of the volunteer. In case of transfer, furnish the original record to the gaining organization.

NAME: \_\_\_\_\_

Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
OCT Service																																
OCT Tvl Time																																
OCT AFTB																																
OCT AFTB Tvl																																
NOV Service																																
NOV Tvl Time																																
NOV AFTB																																
NOV AFTB Tvl																																
DEC Service																																
DEC Tvl Time																																
DEC AFTB																																
DEC AFTB Tvl																																
JAN Service																																
JAN Tvl Time																																
JAN AFTB																																
JAN AFTB Tvl																																
FEB Service																																
FEB Tvl Time																																
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# Volunteer Service Record

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

## PRIVACY ACT ADVISORY STATEMENT

**AUTHORITY:** Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE(S):** To maintain records of hours volunteered, training attended, and awards received. To record essential background information on volunteers. **ROUTINE USES:** Developing and coordinating volunteer services in the USAR Family Readiness Program. Recruiting volunteers. Determining qualifications and task assignments for volunteers. Contacting volunteers. Planning volunteer awards programs. Assigning a volunteer number at the servicing Family Program Office is for database entry for total volunteer hours and developing a total training plan. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Providing information is voluntary. Not providing information will prevent keeping a record of individual volunteer qualifications and services; may prevent volunteers from receiving awards.

## Instructions:

- Upon resignation, retirement, or transfer, furnish a duplicate of this record for the personal file of the volunteer. In case of transfer, furnish the original record to the gaining organization
- Before the end of each quarter (December 31, March 31, June 30, and September 30), the volunteer needs to record both their total service hours for the previous 3 months and travel time on this form.

LAST NAME, FIRST NAME, MIDDLE INITIAL		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		UNIT AND ADDRESS	
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX PHONE NUMBER	CHILDREN AT HOME <input type="checkbox"/> None <input type="checkbox"/> Preschool <input type="checkbox"/> In school		
HOME ADDRESS (Street, City, State, and Zip Code)			AGE		
E-mail ADDRESS:			VOLUNTEER AGREEMENT SIGNED <input type="checkbox"/> Yes <input type="checkbox"/> No		
FAMILY READINESS POSITION OR SHORT TERM PROJECT			COPY SENT TO THE SERVICING FAMILY PROGRAM OFFICE <input type="checkbox"/> Yes <input type="checkbox"/> No		
DATES			WORK EXPERIENCE		
EDUCATION LEVEL 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			VOLUNTEER EXPERIENCE		
COLLEGE / DEGREE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4					
INTERESTS, SKILLS, HOBBIES					
INITIAL COMMITMENT <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Other					

TRAINING	DATE	TRAINING	DATE	OTHER
Unit Orientation		Instructor Training		
USAR Family Program Academy (Initial)		Army Family Team Building (AFTB) Classes (Local or Regional)		
USAR Family Program Academy (Second Year/Third Year)		Master Trainer Course		

### AWARDS / RECOGNITION AND DATES

AWARD / RECOGNITION	DATE	AWARD / RECOGNITION	DATE
Local Certificate of Appreciation or other Local Commander's Award		Decoration for Distinguished Civilian Service Award	
Higher Headquarters Volunteer Awards		Secretary of the Army Public Service Award	
Commander's Award for Public Service		Zachary and Elizabeth Fisher Distinguished Humanitarian Award	
Certificate of Appreciation for Patriotic Civilian Service		Other DA or DOD Level Award	
Dr. Mary E. Walker Award or Forces Command Commander's Award for Volunteer Service		OTHER:	
Outstanding Civilian Service Award			
U.S. Army Reserve Annual Volunteer Nomination or Award			

	Year		Year		Year		Year	
	1 Oct - 31 Dec	1 Jan - 31 Mar	1 Apr - 30 Jun	1 Jul - 30 Sep	1 Oct - 31 Dec	1 Jan - 31 Mar	1 Apr - 30 Jun	1 Jul - 30 Sep
Total Quarterly Volunteer Service Hours								
Service Time								
Total Travel Time (Without AFTB specific travel time)								
AFTB Service Time (AFTB = Army Family Team Building)								
AFTB Travel Time (If no other volunteer service time completed)								
TOTAL TIME								

## Family Information Data Worksheet

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

The information on this worksheet is for official use only within this unit's sanctioned Family Readiness Group (FRG) and will not be furnished to any commercial enterprise, company, representative, organization or agency outside the Department of Defense, as established by the Privacy Act of 1974 (5 USC 552A and AR 340-21).

### PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Title 10 U.S. Code, Sections 3012 and 3013. PRINCIPAL PURPOSE: To gather data that will assist in the development of appropriate FSG activities and services to servicemembers' families, identify individuals eligible to participate in the FRG and receive information. ROUTINE USES: Information provided (specifically, name, address, and telephone number) may be listed and distributed to other participants to enable development of a communication and support network. EFFECT OF WITHHOLDING CONSENT: Voluntary disclosure. Failure to provide information may prevent the FRG volunteers, and other FRG participants from contacting you even during periods of military separation or being able to provide you updated information on military unit related family activities, programs, and services available.

SOLDIER'S UNIT

FAMILY READINESS GROUP (Complete if different from soldier's unit)

SOLDIER'S NAME (First, MI, Last)

RANK

SOLDIER'S MARITAL STATUS: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow(er) ☐ Single Parent

### FOR COMPLETION BY SPOUSE OR SOLDIER'S DESIGNATED FAMILY MEMBER:

Name (First, MI, Last) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

FAX Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### CHILDREN

Name	Gender	Birth Date

Name	Gender	Birth Date

#### SPECIAL NEEDS:

Is there anyone in your household who does not speak English? ☐ No ☐ Yes

If yes, please specify person and language spoken: \_\_\_\_\_

Do you have a family member with special needs? ☐ No ☐ Yes

If yes, please specify person and identify needs: \_\_\_\_\_

I prefer to receive Family Support related phone calls from FRG volunteers and members at:

☐ Home

☐ Work

☐ Either Place

☐ No Phone Calls

☐ Other (please specify): \_\_\_\_\_

☐ It is okay to send me mail, including an FRG Newsletter and information on activities.

I consent to the release of my address and home phone number to officials and members of the Family Support Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Volunteer Telephone Reimbursement Form

## U.S. Army Reserve Family Readiness Program

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

### PRIVACY ACT ADVISORY STATEMENT

**AUTHORITY:** Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE:** For Family Readiness volunteers to submit a claim for reimbursement for program related expenses. **ROUTINE USES:** To transmit and provide background for receipts submitted to substantiate a claim for reimbursement. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may prevent or detain the processing of the claim.

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number : \_\_\_\_\_

Copy of Telephone Bill must be attached for reimbursement \*

Date	Person Contacted	Nature of Call	Phone Number	Cost

\* Use back of this form to justify calls over 10 minutes and to calculate reimbursement (include total bill and tax portion)

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

*I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditure. I also understand that reimbursement will only be made if sufficient Family Support-Nonappropriated Fund (FS-NAF) funds are available.*

\_\_\_\_\_  
Volunteer's Signature and Date

\_\_\_\_\_  
Verifying Individual and Date

Prepared by Family Program Office Approving Official

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Name, Title)



**Volunteer Newsletter Reimbursement Form**  
**U.S. Army Reserve Family Readiness Program**

*(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)*

**PRIVACY ACT ADVISORY STATEMENT**

**AUTHORITY:** Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE:** For Family Readiness volunteers to submit a claim for reimbursement for program related expenses. **ROUTINE USES:** To transmit and provide background for receipts submitted to substantiate a claim for reimbursement. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may prevent or detain the processing of the claim.

**Name (First, MI, Last):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone Number :** \_\_\_\_\_

**Copy of receipts for printing, postage, etc., must be attached  
with a copy of the newsletter for reimbursement \***

Paper	Amount Purchased	Cost per Item	Total
Printing	Number of Pages	Cost per Item	Total
Postage	Number Mailed	Cost per Item	Total
Issue Date		Grand Total	

\* Use back of this form to write justification for lack of official support.

**TOTAL REIMBURSEMENT REQUESTED:** \_\_\_\_\_

*I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditure. I also understand that reimbursement will only be made if sufficient Family Support-Nonappropriated Fund (FS-NAF) funds are available.*

\_\_\_\_\_  
*Volunteer's Signature and Date*

\_\_\_\_\_  
*Verifying Individual and Date*

**Prepared by Family Program Office Approving Official**

**Check Number:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
*(Name, Title)*

**Volunteer Child Care Reimbursement Form**  
**U.S. Army Reserve Family Readiness Program**

*(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)*

**PRIVACY ACT ADVISORY STATEMENT**

**AUTHORITY:** Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE:** For Family Readiness volunteers to submit a claim for reimbursement for program related expenses. **ROUTINE USES:** To transmit and provide background for receipts submitted to substantiate a claim for reimbursement. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may prevent or detain the processing of the claim.

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number : \_\_\_\_\_

**Receipts for child care must be attached for reimbursement**

DATE: _____	Number of children: _____
Child Care Provider: _____	Time In: _____
_____	Time Out: _____
Address: _____	Total Hours: _____
_____	Hourly Rate: _____
	TOTAL COST: _____

DATE: _____	Number of children: _____
Child Care Provider: _____	Time In: _____
_____	Time Out: _____
Address: _____	Total Hours: _____
_____	Hourly Rate: _____
	TOTAL COST: _____

**TOTAL REIMBURSEMENT REQUESTED:** \_\_\_\_\_

*I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditure. I also understand that reimbursement will only be made if sufficient Family Support-Nonappropriated Fund (FS-NAF) funds are available.*

\_\_\_\_\_  
*Volunteer's Signature and Date*

\_\_\_\_\_  
*Verifying Individual and Date*

**Prepared by Family Program Office Approving Official**

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_  
*(Name, Title)*

# Volunteer Transportation Reimbursement Form

## U.S. Army Reserve Family Readiness Program

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

### PRIVACY ACT ADVISORY STATEMENT

**AUTHORITY:** Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE:** For Family Readiness volunteers to submit a claim for reimbursement for program related expenses. **ROUTINE USES:** To transmit and provide background for receipts submitted to substantiate a claim for reimbursement. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may prevent or detain the processing of the claim.

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number : \_\_\_\_\_

### Receipts for public transportation must be attached for reimbursement

Date: \_\_\_\_\_ Purpose of trip: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

	COST
<input type="checkbox"/> Public Transportation	_____
<input type="checkbox"/> Personal auto [ Mileage: _____ x Rate: _____ ]	_____
<input type="checkbox"/> Tolls	_____
<input type="checkbox"/> Parking	_____
<input type="checkbox"/> Other (specify) _____	_____
<b>TOTAL</b>	_____

Date: \_\_\_\_\_ Purpose of trip: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

	COST
<input type="checkbox"/> Public Transportation	_____
<input type="checkbox"/> Personal auto [ Mileage: _____ x Rate: _____ ]	_____
<input type="checkbox"/> Tolls	_____
<input type="checkbox"/> Parking	_____
<input type="checkbox"/> Other (specify) _____	_____
<b>TOTAL</b>	_____

Use back of form to continue listing expenses, if necessary

Total reimbursement requested from back of form: \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUESTED:** \_\_\_\_\_

*I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditure. I also understand that reimbursement will only be made if sufficient Family Support-Nonappropriated Fund (FS-NAF) funds are available.*

Volunteer's Signature and Date \_\_\_\_\_

Verifying Individual and Date \_\_\_\_\_

Prepared by Family Program Office Approving Official \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_

(Name, Title)

# Volunteer Miscellaneous Reimbursement Form

## U.S. Army Reserve Family Readiness Program

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

### PRIVACY ACT ADVISORY STATEMENT

**AUTHORITY:** Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE:** For Family Readiness volunteers to submit a claim for reimbursement for program related expenses. **ROUTINE USES:** To transmit and provide background for receipts submitted to substantiate a claim for reimbursement. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may prevent or detain the processing of the claim.

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number : \_\_\_\_\_

Receipts for expenses must be attached for reimbursement

Family Program Activity Supported	Time Involved in Activity	Expenditure Description	Cost

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

*I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditure. I also understand that reimbursement will only be made if sufficient Family Support-Nonappropriated Fund (FS-NAF) funds are available.*

\_\_\_\_\_  
Volunteer's Signature and Date

\_\_\_\_\_  
Verifying Individual and Date

Prepared by Family Program Office Approving Official

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Name, Title)

# Family Readiness Review

RCS exempt AR 335-15, para 5-2c(4)

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER)

Information contained in this report will be forwarded to the United States Army Reserve Command Emergency Operations Center and the United States Army Reserve Family Readiness Program Office.

## Section I - General

Date of Report: \_\_\_\_\_ Operation: \_\_\_\_\_

Type of Report: (check one) Initial: \_\_\_\_\_ Update: \_\_\_\_\_ RSC / ARCOM / DRC: \_\_\_\_\_

Unit &amp; UIC: \_\_\_\_\_ Unit Telephone: \_\_\_\_\_

Total # Soldiers Mobilized: \_\_\_\_\_

# Single Soldiers Mobilized: \_\_\_\_\_

# Married Soldiers Mobilized: \_\_\_\_\_

## Section II - Unit Point of Contact Information

Unit Commander (Mobilized): \_\_\_\_\_ Home Telephone: \_\_\_\_\_

First Sergeant: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Unit Administrator: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Family Readiness Group Leader: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Family Readiness Liaison: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

## Section III - Family Readiness Group/Deployment Brief Information

(Check "Yes" or "No" and provide comments if needed)

	Yes	No	Remarks:
Is there a Family Readiness Group Sanction Letter?			
Is an Information Data Sheet (Reference USARC Reg 608-1/USARC Form 107-R) completed for each soldier? If no, how will information be obtained?			
Is telephone tree established? If no, when will it be completed?			
Was there a Family Deployment Brief? If yes, provide date or if no, provide scheduled date.			
Did each soldier have a family member attend the Deployment Brief? List number of Family Members in attendance.			
Family members not in attendance --- was a deployment information packet mailed to member's home? (Provide what was included in the packet.)			
Required Family Care Plans (FCP) completed?			

Check topics covered during Deployment Brief: (List additional topics covered.)

\_\_\_ TRICARE \_\_\_ American Red Cross \_\_\_ AER \_\_\_ ESGR \_\_\_ Legal Issues  
\_\_\_ Safety and Security \_\_\_ Emotional Needs \_\_\_ "Mission Readiness Book" \_\_\_ Points of Contact  
\_\_\_ ACS \_\_\_ PAO (dealing with media) \_\_\_ Benefits and Entitlements \_\_\_ Chaplain

Other topics covered: \_\_\_\_\_

## Section IV - Pertinent Documents: (Check all completed for ALL Dependents.)

\_\_\_ DEERS

\_\_\_ ID Card

\_\_\_ Will

\_\_\_ Power of Attorney



## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 5701, 37 USC 404-427, and EO 9397.

**PRINCIPAL PURPOSE(S):** Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

**ROUTINE USE(S):** To substantiate claims for reimbursement for official travel.

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

### ITEM 15e. LODGING COST

Enter the total cost for lodging.

### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

## 29. REMARKS

**EMPLOYEES:** INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

**UNIFORMED MEMBERS:** INDICATE DATES ON WHICH LEAVE WAS TAKEN

# Family Program Academy

## Enrollment Worksheet

For use of this worksheet, see USARC Family Readiness Handbook (DRAFT), the proponent agency is the 81<sup>st</sup> RSC Family Readiness Program

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

PRINCIPAL PURPOSE(S): To enroll participants in training sessions. To record essential information on volunteers.

ROUTINE USES: Recruiting and scheduling participants for training.

DISCLOSURE: Providing information is voluntary. Not providing information may prevent enrollment in desired training.

### This section pertains to the enrollee.

Name: \_\_\_\_\_ Role: \_\_\_\_\_ (FRL, 1SG, CDR, FSGL, VOL)

Unit of Affiliation: \_\_\_\_\_ MSC: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Previous Approved USARC FPA Training: \_\_\_\_\_

Dates of Scheduled Training: \_\_\_\_\_

Room Accommodations:

Double King Smoking Non-Smoking Special Needs: \_\_\_\_\_

Is spouse attending as an academy participant? If yes, please provide name \_\_\_\_\_

I understand that I must be an active Family Support Group volunteer, with a DD Form 2793, Volunteer Agreement on file or key personnel associated with the USAR family programs.

\_\_\_\_\_  
(signature)

### This section pertains to the unit. Application should be submitted through MSC to 81<sup>st</sup> RSC, FRP.

Unit Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

- ☐ Applicant is an active family support group volunteer
- ☐ Volunteer Agreement is attached
- ☐ Request for orders will be submitted upon receipt of letter of confirmation